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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738781 (4)
1. Corporation Name
SIESTA SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 118 BEACH ROAD SARASOTA FL 34242-2038	Mailing Address 118 BEACH ROAD SARASOTA FL 34242-2038
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3. Date Incorporated or Qualified 04/22/1977	
4. FEI Number 59-1735477	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, DON E.
3212 SOUTH GATE CIRCLE
SARASOTA FL 34239**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, RICH	
STREET ADDRESS	305 ROSEWOOD COURT	
CITY-ST-ZIP	VENICE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRUM, PENELOPE	
STREET ADDRESS	2511 RT. 364	
CITY-ST-ZIP	PENN YAN NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DESROSIER, BOB	
STREET ADDRESS	1576 JASPER	
CITY-ST-ZIP	VENCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANSON, SHIRLEY	
STREET ADDRESS	8241 161ST AVE. N.W.	
CITY-ST-ZIP	ANOKA MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob Maranto	
1.3 STREET ADDRESS	9604 Cortez #321	
1.4 CITY-ST-ZIP	Bradenton, FL 34210	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Haskett	
2.3 STREET ADDRESS	6521 Waterford Circle	
2.4 CITY-ST-ZIP	Sarasota, FL 34238	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ted Fortuna	
3.3 STREET ADDRESS	100 Denise Drive	
3.4 CITY-ST-ZIP	Cheektowague, NY 14227	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Treasurer *[Signature]* 05/10/98 941-485-1898

CR2E037 (10/97)